

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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(310) 820-5720

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Deliver to: Son P. Huynh, USPTO Art Group: 2623
Facsimile No.: 571-273-8300 Date: July 11, 2006
From: Thomas M. Coester, Reg. No. 39,637
Our Docket No.: 42390P11553 Number of pages 15 including this sheet.
Application No.: 09/895,744 Filing Date: 6/29/2001
Docket Due Date(s): 11/10/2005

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.


Susan M. Barrette

7/11/2006

Page

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/895,744
		Filing Date	June 29, 2001
		First Named Inventor	Regis J. Crinon
		Art Unit	2623
		Examiner Name	Son P. Huynh
Total Number of Pages In This Submission	15	Attorney Docket Number	42390P11553

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Fax Cover Sheet (1 pg)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 11, 2006

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Susan M. Barrette
Signature	
Date	July 11, 2006

Based on PTO/88/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		Complete If Known											
		Application Number	09/895,744										
		Filing Date	June 29, 2001										
		First Named Inventor	Regis J. Crinon										
		Examiner Name	Son P. Huynh										
		Art Unit	2623										
		Attorney Docket No.	42390p11553										
METHOD OF PAYMENT (check all that apply)		RECEIVED CENTRAL FAX CENTER JUL 11 2006											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____													
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s). <input type="checkbox"/> Credit any overpayments													
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.													
FEES CALCULATION													
1. EXTRA CLAIM FEES													
Total Claims	<u>28</u>	29'	<u>0</u>	Extra Claims	<u>0</u>	x	<u>50.00</u>	Fee from below	<u>\$0.00</u>	Fee Paid	<u>\$0.00</u>		
Independent Claims	<u>7</u>	7'	<u>0</u>	x	<u>200.00</u>	=	<u>\$0.00</u>						
Multiple Dependent													
Large Entity		Small Entity											
Fee	Fee	Fee	Fee	Fee Description									
Code	(S)	Code	(S)										
1202	50	2212	25	Claims in excess of 20									
1201	200	2201	100	Independent claims in excess of 3									
1203	380	2203	180	Multiple Dependent claim, if not paid									
1204	750	2204	385	**Release Independent claims over original patent									
1205	300	2205	150	**Release claims in excess of 20 and over original patent									
SUBTOTAL (1)				(S) <u>0.00</u>									
				**or number previously paid, if greater. For Reissues, see below									
2. ADDITIONAL FEES				Fee Paid									
Large Entity		Small Entity											
Fee	Fee	Fee	Fee	Fee Description									
Code	(S)	Code	(S)										
1051	130	2051	65	Surcharge - late filing fee or oath									
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet									
2053	130	2083	130	Non-English specification									
1251	120	2251	60	Extension for reply within first month									
1252	450	2282	225	Extension for reply within second month									
1253	1,020	2253	510	Extension for reply within third month									
1254	1,580	2254	795	Extension for reply within fourth month									
1255	2,160	2255	1,080	Extension for reply within fifth month									
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1807	50	1807	50	Processing fee under 37 CFR 1.17(q)									
1806	180	1808	180	Submission of Information Disclosure Stmt									
1809	750	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))									
1810	700	2810	396	Filing a submission after final rejection (37 CFR § 1.129(b))									
Other fee (specify)				SUBTOTAL (2)								(S)	
Complete (if applicable)													
SUBMITTED BY													
Name (Print/Type)	Thomas M. Coester			Registration No.	39,637			Telephone	(310) 207-3800				
Signature	<i>Thomas Coester</i>			Date	07/11/06								

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2001
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		Complete if Known Application Number <u>09/895,744</u> Filing Date <u>June 29, 2001</u> First Named Inventor <u>Regis J. Crinon</u> Examiner Name <u>Son P. Huynh</u> Art Unit <u>2623</u> Attorney Docket No. <u>42390p11553</u>																																																																																																								
<small>Patent fees are subject to annual revision.</small> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		RECEIVED CENTRAL FAX CENTER JUL 11 2006																																																																																																								
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FEE CALCULATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">1. EXTRA CLAIM FEES</th> <th style="text-align: center;">Extra Claims</th> <th style="text-align: center;">Factor below</th> <th style="text-align: center;">Fee Paid</th> </tr> <tr> <td>Total Claims</td> <td>26</td> <td>- 20*</td> <td>x 50.00</td> <td>\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>7</td> <td>- 7*</td> <td>x 200.00</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Large Entity</td> <td colspan="4" style="text-align: center;">Small Entity</td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>350</td> <td>2203</td> <td>150</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>750</td> <td>2204</td> <td>250</td> <td>Release independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>Release claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$)</td> <td style="text-align: center;">0.00</td> </tr> </table> <p style="text-align: right; font-size: small;">*or number previously paid, if greater. For Reissues, see below.</p>				1. EXTRA CLAIM FEES		Extra Claims	Factor below	Fee Paid	Total Claims	26	- 20*	x 50.00	\$0.00	Independent Claims	7	- 7*	x 200.00	\$0.00	Multiple Dependent					Large Entity	Small Entity				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	350	2203	150	Multiple Dependent claim, if not paid	1204	750	2204	250	Release independent claims over original patent	1205	300	2205	150	Release claims in excess of 20 and over original patent			SUBTOTAL (1)	(\$)	0.00																																											
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Attorney Docket No.: 42P11553

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Regis J. Crinon, et al.)
Application No.: 09/895,744)
Filed: June 29, 2001)
For: TAILORING A BROADCAST SCHEDULE)
BASED ON STORAGE AREA AND)
CONSUMER INFORMATION)

)
Examiner: Son P. Huynh
Art Group: 2623

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

In response to the Final Office Action mailed May 30, 2006, in connection with the above referenced patent application, Applicants respectfully request entry of the following amendments and request reconsideration in view of the following remarks.